

HEPATITIS C REPORT

Date

CDRS ID No.

| | | | | |
|---|-------|---|--|---|
| Name (Last) (First) (MI) | | | Sex | Date of Birth (Age) |
| Street Address | | | County | |
| City | State | Zip Code | Telephone Number | |
| Race <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Black <input type="checkbox"/> Asian | | | Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Hispanic | |
| Reporting Physician (Name, Address and Telephone No.) | | | Hospital (Name, Address and Telephone No.) | |
| Date of Diagnosis ____ / ____ / ____ | | Onset Date of Illness ____ / ____ / ____ | | Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Case Status <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed | | | | |
| Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No Laboratory Data (attach copy of results) Screening Test: Enzyme Immunoassay (EIA)*** or Enzyme Linked Immunosorbent Assay (ELISA) Positive Date: _____ <input type="checkbox"/> Signal to cutoff result Liver Function Tests: ALT (SGPT): Date: _____ <input type="checkbox"/> Not Done ALT (SGOT): Date: _____ <input type="checkbox"/> Not Done Bilirubin: Date: _____ <input type="checkbox"/> Not Done Confirmatory Tests: RIBA (Recombinant Immunoblot Assay) Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done HCV RNA (RT-PCR) Qualitative Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done HCV RNA (RT-PCR) Quantitative (viral load) Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done HbsAg: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done IgM anti-HAV: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done ***If HCV EIA has signal to cutoff ratio (S/Co) equal to or great than 3.8, the test is considered confirmatory. Liver Biopsy (please attach report): Date: _____ <input type="checkbox"/> Not Done Is patient being treated for Hepatitis C, or has patient been treated in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Risk Factors: The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of this information is not required. However, collection of risk factor information may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons. Did the patient receive a blood transfusion prior to 1992?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has the patient ever injected drugs not prescribed by a doctor, even if only once?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has the patient had multiple sexual partners?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has the patient had a tattoo or body piercing?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was the patient ever incarcerated?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Other, specify: _____ | | | | |
| Name of Person Submitting Report | | Title | | Telephone Number |
| Name of Reporting Health Office/Representative | | Name of Health Department | | Date |